

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

(1) PLACE OF BIRTH

County South Carolina

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.--For State Registrar Only

29805

Registered No. 95

(For use of Local Registrar)

St.; 1st Ward

(2) Full Name of Child William Smith

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? None

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 20 1918

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Smith Jr.

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Bookkeeper

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Mary Ann Holman

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

1918

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.